



Unified Judicial System

Application to the Drug Court Program Second Circuit

Date of Application	Do you need disability accommodations: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state request:	Will an interpreter be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state language:	
Name		Alias	
Race	Sex	Date of Birth	
Current Address (Street)		Telephone Number	Cell Phone Number
City	State	Zip	Other States Lived in:
How Long at this Address?	Armed Forces Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Driver's License Number <input type="checkbox"/> Yes <input type="checkbox"/> No Reliable Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Co-Habitant		Relationship	
Do You Have Children? <input type="checkbox"/> Yes <input type="checkbox"/> No Do You Pay Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Dependents	
Next of Kin	Relationship	Telephone Number	
Current Employer	Monthly Income	Receive Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drug & Alcohol Evaluation Completed <input type="checkbox"/> Yes <input type="checkbox"/> No		LSI-R Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Completing	Date	Score	Date
Highest Grade Completed GED <input type="checkbox"/> Graduation <input type="checkbox"/>			
On Probation Currently <input type="checkbox"/> Yes <input type="checkbox"/> No		Probation Officer	
Current Charges			Offense Date:
Have you ever been sentenced to drug court before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of court		Date:	
Have you ever been sentenced to the Penitentiary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:	
Do you have any matters pending in any other court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of court		Charges	
Defense Attorney Name		Telephone Number	

Defense Attorney Signature _____

Date _____

Applicant Signature _____

Date _____